

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL.: 587-0460 FAX: 587-0470

RECEIVED



## LOBBYIST REGISTRATION FORMAN 31 A9:45

(See back of this form for instructions)
(Type or Print Clearly)

PART I LOBBYIST		A L	THOS OF MM S.S.	
NAME(Last)	(First)	(Middle)		TELEPHONE
MORRIS	GEORGE	À		808/531-4551
	GEOTGE	•		000/331-4331
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
222 C VINEVADO	CT CTF 401	HONOL (III II	117	05010 0450
222 S. VINEYARD		HONOLULU	HI HI	96813-2453
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
G.A. MORRIS, IN	C.			808/531-4551
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
000 0 47454455	OT 0TF 464			
222 S. VINEYARD	ST., STE. 401	HONOLULU	HI	96813-2453
PART II ORGANIZATIOI				
NAME OF ORGANIZATION YOU L	OBBY FOR (Do not abbreviate)	)		TELEPHONE
AT&T WIRELESS S	CEDVICES INC			425/580-5834
	EKVICES, INC.	(City)	(Ctota)	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
PO BOX 97061		REDMOND	WA	98073-9761
NAME OF PERSON RESPONSIBL	F FOR PREPARING ORGANIZA	ATION'S EXPENDITURES STAT	EMENT	TELEPHONE
MELODY T. BUTAY		•		808/531-4551
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
, ,		• •	, ,	
222 S. VINEYARD	ST., STE. 401	HONOLULU	HI	96813-2453
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	S	cience, Technology &
Agriculture	Laddallon	Trainar Services	Ē	conomic Development
Communications & Government Operations & Intergovernmental Relations, Tourism & Recreation				
Public Utilities	Finance	International Affai	rs	
Consumer Protection &	Hawaiian Affairs	Labor & Employm	nent T	ransportaion
Commerce		terbours.		•
Culture, Arts, Historic	Health	Planning, Land &		ther: (indicate below)
Preservation		Use Management		
Ecology, Energy, Environmental Protection	Housing	Public Safety & C	orrections	
Environmental Protection	, king a salah		i	. 3. 6
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
	7			
	Signature of Lobbyist)		(Date	)
PART V AUTHORIZATIO	N TO LOBBY	TITLE OF ALTELOPIZA	O OFFICER OR BEI	DOON DEDDECENTED
NAME		TITLE OF AUTHORIZIN	IG OFFICER OR PE	ASON NEPRESENTED
MADY TOSCHIVY		PECIONAL DIRECT	OR OF EXTERNAL	AFFAIRS
MARK LOSCHKY REGIONAL DIRECTOR OF EXTERNAL AFFAIR  NAME OF ORGANIZATION (if applicable)  TELEPHO			TELEPHONE	
NAME OF ORGANIZATION (II appli	Cable)			
AT&T WIRELESS S	SERVICES, INC.			425/580-5834
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
P			, ,	
PO BOX 97061		REDMOND	WA	98073-9761
I hereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.				
MIMIN	1		JANUARY O	, 200 5
/Signature of Auth	norizing Officer or Person Repre	esented)	(Date	) (